



Practitioner's Docket No. SHE0081.00

PATENT

MAR 28 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mary J. Bossard

Application No.: 10/789,956

Filed: 02/26/2004

For: POLYMER-FACTOR VIII MOIETY CONJUGATES

Group No.: 1653

Examiner: Robert Mondesi

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment and a Supplemental IDS with references for this application.

STATUS

- Applicant is other than a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)

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37 C.F.R. § 1.8(a)

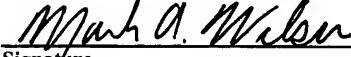
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37 C.F.R. § 1.10\*

as "Express Mail Post Office to Addressee"  
Mailing Label No. \_\_\_\_\_ (mandatory)

TRANSMISSION

facsimile transmitted to the Patent and Trademark Office, (703) \_\_\_\_\_.

  
Signature

Date: March 23, 2005

Mark A. Wilson

(type or print name of person certifying)

\* Only the date of filing ('1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under '1.8 continues to be taken into account in determining timeliness. See '1.703(f). Consider "Express Mail Post Office to Addressee" ('1.10) or facsimile transmission ('1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			ADDIT. FEE
TOTAL	62	-	62	=	0	x \$ 50.00 = \$ 0.00
INDEP.	3	-	3	=	0	x \$ 200.00 = \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$ 0.00	= \$ 0.00		
					TOTAL ADDIT. FEE	\$ 0.00

No additional fee for claims is required.

## FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 500348.

If an additional fee for claims is required, charge Account No. 500348.

Date: March 23, 2005

Registration No. 43,275



Signature of Practitioner  
Mark A. Wilson  
Nektar Therapeutics  
150 Industrial Road  
San Carlos, CA 94070

MAR 28 2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/789,956
Filing Date	February 26, 2004
First Named Inventor	Mary J. Bossard et al.
Art Unit	1653
Examiner Name	Robert Mondesi
Attorney Docket Number	SHE0081.00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>10 Cited References</b>
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	NEKTAR THERAPEUTICS		
Signature			
Printed name	Mark A. Wilson		
Date	March 23, 2005	Reg. No.	43,275

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Mark A. Wilson	Date	March 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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